ASHRAE RP: Gift Summary Form

Chapter:_____ Date:_____

Submitted By:_____ Phone: (____)_____-_____

Event: _____

Contributor/Member Name	ID Number*	Amt. Received	Additional Comments

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* If you are unable to find an ID Number, please include FULL address, including phone number

DO NOT SEND CASH

Please mail this form, along with all checks to:
ASHRAE RP
1791 Tullie Circle NE.
Atlanta, GA 30329